ST ELIZABETHS NURSING HOME

JANESVILLE 53545 Phone: (608) 752-6709		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	43	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	43	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	43	Average Daily Census:	43

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Primary Diagnosis	왕	Age Groups	%	Less Than 1 Year	16.3 44.2
Developmental Disabilities				•	18.6
Mental Illness (Org./Psy)	11.6	65 - 74 9.3			
espite Care No Mental Illness (Other)		75 - 84	20.9		79.1
Alcohol & Other Drug Abuse	0.0	85 - 94	62.8	*********	*****
Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.0	Full-Time Equivalent	
Cancer	9.3			Nursing Staff per 100 Resi	dents
Fractures	9.3		100.0	(12/31/03)	
Cardiovascular	25.6	65 & Over	100.0		
Cerebrovascular	14.0			RNs	17.0
Diabetes	7.0	Gender %		LPNs	2.3
Respiratory	2.3			Nursing Assistants,	
Other Medical Conditions	20.9	Male	4.7	Aides, & Orderlies	46.8
		Female	95.3		
	100.0				
			100.0		
	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory	Primary Diagnosis % Developmental Disabilities 0.0 Mental Illness (Org./Psy) 11.6 Mental Illness (Other) 0.0 Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic 0.0 Cancer 9.3 Fractures 9.3 Cardiovascular 25.6 Cerebrovascular 14.0 Diabetes 7.0 Respiratory 2.3 Other Medical Conditions 20.9	Primary Diagnosis	Primary Diagnosis	Developmental Disabilities

Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	324	26	100.0	159	0	0.0	0	15	93.8	159	0	0.0	0	0	0.0	0	42	97.7
Intermediate				0	0.0	0	0	0.0	0	1	6.3	151	0	0.0	0	0	0.0	0	1	2.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		26	100.0		0	0.0		16	100.0		0	0.0		0	0.0		43	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	nd Activities as of	12/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	18.8	Bathing	0.0		83.7	16.3	43
Other Nursing Homes	43.8	Dressing	4.7		79.1	16.3	43
Acute Care Hospitals	12.5	Transferring	23.3		53.5	23.3	43
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.6		65.1	23.3	43
Rehabilitation Hospitals	0.0				41.9	20.9	43
Other Locations	25.0	******	*****	*****	*****	******	*****
Total Number of Admissions	16	Continence		%	Special Treatmen	ıts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.7	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	65.1	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	37.2	Receiving Suct	ioning	4.7
Other Nursing Homes	0.0				Receiving Osto	omy Care	11.6
Acute Care Hospitals	18.8	Mobility			Receiving Tube	e Feeding	9.3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving Mech	anically Altered Di	ets 34.9
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	Characteristics	
Deaths	81.3	With Pressure Sores		0.0	Have Advance D)irectives	100.0
Total Number of Discharges		With Rashes		7.0	Medications		
(Including Deaths)	16				Receiving Psyc	choactive Drugs	60.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	orofit	Und	er 50	Ski	lled	Al	1
	Facility Peer		Group	Peer	Group	Peer	Group	Faci	lities
	%	%	% Ratio		Ratio	%	Ratio	%	Ratio
Occupant Public Program Public Constant Public Publ	100.0	00.0	1 00	0.4.7	1 10	0.0 1	1 14	07.4	1 14
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	92.0	1.09	84.7	1.18	88.1	1.14	87.4	1.14
Current Residents from In-County	93.0	85.9	1.08	77.5	1.20	82.1	1.13	76.7	1.21
Admissions from In-County, Still Residing	100	22.1	4.53	25.1	3.99	20.1	4.97	19.6	5.09
Admissions/Average Daily Census	37.2	138.9	0.27	104.2	0.36	155.7	0.24	141.3	0.26
Discharges/Average Daily Census	37.2	139.5	0.27	107.9	0.34	155.1	0.24	142.5	0.26
Discharges To Private Residence/Average Daily Census	0.0	64.3	0.00	28.9	0.00	68.7	0.00	61.6	0.00
Residents Receiving Skilled Care	97.7	96.1	1.02	93.8	1.04	94.0	1.04	88.1	1.11
Residents Aged 65 and Older	100	96.4	1.04	95.8	1.04	92.0	1.09	87.8	1.14
Title 19 (Medicaid) Funded Residents	60.5	55.4	1.09	56.9	1.06	61.7	0.98	65.9	0.92
Private Pay Funded Residents	37.2	32.6	1.14	33.8	1.10	23.7	1.57	21.0	1.78
Developmentally Disabled Residents	0.0	0.6	0.00	1.4	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	11.6	36.2	0.32	38.3	0.30	35.8	0.32	33.6	0.35
General Medical Service Residents	20.9	24.3	0.86	16.9	1.24	23.1	0.90	20.6	1.02
Impaired ADL (Mean)	52.6	50.5	1.04	50.8	1.03	49.5	1.06	49.4	1.06
Psychological Problems	60.5	58.5	1.03	56.3	1.07	58.2	1.04	57.4	1.05
Nursing Care Required (Mean)	8.4	6.8	1.23	6.9	1.22	6.9	1.22	7.3	1.15